PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

				H.C. P. OPE MAY	
REI	PORATION TATEMAN	FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATIONS	TATE	SELECTARY OF SINGLED STREET OF SINGLE OF CORPORA OF CORPORA OF CORPORA	11100.00
DOCUMENT # P94000006540				, .	
1. Corporation Name STS TRANSMISSION INC.					
I III TN BLVD					
	LEES BURG, F2.3	7770			
2. Principal Office Address		3. Mailing Office Address			
S+S TRANSMISSION Suite, Apt. #, etc.		SAME Suite, Apt. #, etc.	8	8000046721587 -11/08/0101011023	
1415 EN BLVO		SAME	4. Date Incorp	4. Date Incorporated or Qualified 130.00 *****130.00 To Do Business in Florida 4-7-9/. 4.12-94	
City & State		City & State		To Do Business in Florida 4-2-96 - 18-94 5. FEI Number Applied For	
<u>LEES</u>	BURG FL.	SAME Country	<u> </u>	200 111 60	pplicable
347	48 LAKE	SAME SAMI	C 6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fe for a Certificate of	ee required of Status
7. Name and Address of Current Registered Agent					
	Name STEPHEN H SMATHERS PRES.				
Street Address (P.O. Box Number is Not Acceptable) 1061.5 CRES CENT LK CT,					
	Suite, Apt. #, Etc.				
	CLERMONT			State Zip Code FL 347//	
8. 1, being appointed the registered agent of the above named corporation, em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent					
REGISTERED AGENT MUST SIGN					
T	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at Name of Street Address of Each Name of				
Titles	Officers and/or Directors	Officer and/o		City / State / Zip 34	וופיו
PRES	STEPHEN HSMA	ATHERS 10615 CRESC	ENT LK OWR	T CLERMONT FL	<u> </u>
SEC	DONNA HELLEN-	SMATHERS SA	ME	SAMB	
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 				Md Inti-	
				Trans	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and appurate, and they signature that have the same legal effect as if made under eath.					
SIGNATURE: Dona Hellen-Smathers 10-18-01 352 787-8008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					

Division of Corporations, never got in the mail 2001 annaul renewal. I called you office, they said to send a check for 150.00. The seson reason it was brough is widing our road. My and found the corporation updated for